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## BIB DATA SHEET

CONFIRMATION NO. 9424

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/711,030	08/18/2004 RULE	703	3686	71494-0004	
<b>APPLICANTS</b> Drew Bossen, Iowa City, IA; James Landsman, Grand Haven, MI; Sherman Robbins, Caledonia, MI;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/250,095 06/03/2003 which claims benefit of 60/319,291 06/03/2002 and claims benefit of 60/319,381 07/05/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/05/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/HIEP VAN NGUYEN/</u> <small>Examiner's Signature</small>	<input type="checkbox"/> Met after Allowance HN <small>Initials</small>	<b>STATE OR COUNTRY</b> IA	<b>SHEETS DRAWINGS</b> 55	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> MCGARRY BAIR PC 32 Market Ave. SW SUITE 500 GRAND RAPIDS, MI 49503 UNITED STATES					
<b>TITLE</b> System and method for optimally determining appropriate ergonomics for occupants of a workspace					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		